

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

64 County Marion Registration District No. 547
 1 Township Marion Primary Registration District No. 3029
 8 City Jannibal (No. Leveing Hospital)

File No. 1761
 Registered No. 11
 St. 6 Ward)

2. FULL NAME

(a) Residence, No. 304 Poet St. 1-6 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED <u>MISBAND OR</u> (OR) WIFE OF <u>Ernest C. Menge</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 6 - 1882</u>		
7. AGE <u>49</u>	YEARS <u>11</u>	MONTHS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Co Mo</u>		
13. NAME <u>Robert Wilson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Co Mo</u>		
15. MAIDEN NAME <u>Virginia Maddux</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Co Mo</u>		
17. INFORMANT <u>Mr. Ernest C. Menge</u> (ADDRESS) <u>Jannibal, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Charles</u> <u>1-11-1932</u>		
19. UNDERTAKER <u>James Donnell</u> (ADDRESS) <u>Jannibal, Mo</u>		
20. FILED <u>Jan 13 1932</u> <u>Deputy Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 1932

22. I HEREBY CERTIFY That I attended deceased from Dec 17, 1931, to Jan 9, 1932.
 I last saw him alive on 1-9, 1932. Death is said to have occurred on the date stated above, at 12:50 p.m.
 The principal cause of death and related causes of importance were as follows:
Multilobular serous cystadenoma of uterine with twisting of pedicle
54A
139A / 139A
 Other contributory causes of importance:
Postoperative broncho-
pneumonia
1-8-32
1-11-32
 Name of operation Bilat. salpingo-oophorectomy Date of 1-2-32
 What test confirmed diagnosis? Pathological Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ①
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Harold R. Goodrich, M. D.
 (Address) Jannibal, Mo

